L23000304610

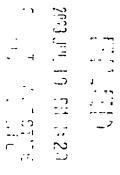
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Y. SCOTT AUG 13 2023

COVER LETTER

TO: Registration Sec Division of Corp			
Health Cove	ering LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andres Ochoa		
		Name of Person	* 3
		Firm/Company	=
	5005 SW 173 Way		=
		Address	^3
	South West Ranches/ FL 3	3461	
	caochoa54@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Carlos Ochoa		7864670987 	
Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	porations
rananasace,	s and what is t	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health Covering LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) apany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L23000304610</u> .	on <u>06/26/2023</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	anv here:	
Health Coverage LLC		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · ·	3
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	-
Communication address if applicables	<u>-</u>	⊃ , <u> </u>
Enter new mailing address, if applicable:	1	7 - 1 - 1 1
(Mailing address MAY BE A POST OFFICE BOX)	: - <u>:</u> .	
		-
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:		
New Registered Office Address:	inter Florida street address	<u> </u>
	, Florida	
City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
				□Add
				□Remove
				□Change
				□Add
				□Remove □Ghange
			10 5: 2:	
				□Change
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				□Remove
				□Change
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				□Change
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				□Remove
				□Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date the date is listed, the date must be specific and cannot be prior to date and the date is listed and cannot be prior to date the date is listed and cannot be prior to date and the date is listed and cannot be prior to date and the date is listed and cannot be prior to date and the date is listed.	(optional)
n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable s	of filing or more than 90 days after thing.) Pursuant to wish tatutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
	of the Theorem
ecord specifies a delayed effective date, but not an effective time, a is filed.	(12:01 a.m. on the earlier of: (b) The 90th day after t
is fried.	
07/07/2022	
07/06/2023	,
ited	
Signature of a member or authorized	Commission of a member